

RETURN TO: Department of Military & Veterans Affairs  
MITAG-OHRM  
2500 S. Washington Ave  
Lansing, MI 48913-5101

**STATE OF MICHIGAN**  
**DEPARTMENT OF MILITARY AND VETERANS AFFAIRS**  
**MILITARY AFFAIRS RETIREMENT SYSTEM**  
**NOMINATION OF BENEFICIARY**

This form is to nominate a beneficiary (spouse) to receive retirement benefits upon death of retiree. If this form is not completed benefits may be denied to the surviving beneficiary. It is the retiree's responsibility to notify the Department of any changes in nomination of beneficiary. Act 280, P.A. State of Michigan 1980, precludes payment of retirement benefits of 500 dollars per year to other than the spouse. At the time of a retiree's or a surviving beneficiary's death the Department requires that any beneficiary forward a death certificate. NOTE: If there is no spouse, the retiree may designate anyone as beneficiary of last retirement check only.

☐ **OPTION I** To be completed by retiree.

I \_\_\_\_\_ hereby nominate as my beneficiary  
(Name of Retiree)

\_\_\_\_\_, \_\_\_\_\_  
(Relationship to Beneficiary) (Full Name of Beneficiary)

\_\_\_\_\_, \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

\_\_\_\_\_ whose date of birth is \_\_\_\_\_  
(Area Code) Telephone Number Beneficiary's Date of Birth

whose social security number is \_\_\_\_\_

\_\_\_\_\_  
Signature of Beneficiary (Date) Signature of Retiree (Date)

☐ **OPTION II** To be completed by beneficiary upon death of retiree.

I \_\_\_\_\_ hereby nominate as my beneficiary  
(Surviving Beneficiary)

\_\_\_\_\_  
(Beneficiary Name) (Street Address)

\_\_\_\_\_  
City State Zip Code (Area Code) Telephone Number

whose social security number is \_\_\_\_\_ whose date of  
(Social Security Number)

birth is \_\_\_\_\_ to receive my final pension check due me at time of death, if any.  
Beneficiary's Date of Birth

\_\_\_\_\_  
Signature of Surviving Beneficiary Date